states CVPA-COLOR	PRATE LIMITS. STATE OF MARYLAND	CERTIFICATE OF DEATH 6200
oped page	1. PLACE OF DEATH	
bluode f OCC	County Acceptant	Registration Dist. No.
item shor	Village or City (unefelland	ND. Wellegarry Horogeness, 4-1 Ward death occurred in a hospitator institution, give its NAME instead of street and number)
10 1. 70	Length of rasidence In city or town whera death occurredyrsmos	
Every CIANS ement	2. FULL NAME Stillborns afbrig	ht
D. SI	(a) Residence: No. 514 Ruiden	St., Ward.
5 =	(Usual place of abode)	If nonresident give city or town and State
RECC. P.I.	RERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
E > E	OR DIVORCED (write the word)	21. DATE OF BEATH June 30
KG TI TI ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
DING ANEN ACTI	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
cla KM	6. DATE OF BIRTH (month, day and year) June 30" 1937	June 30, 193 , to June 30, 19 37
BJ PEJ I E	6. DATE OF BIRTH (month, day, and year) Julie 15 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR BI IS A PE stated E properly	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO S IS stat pro	8. Trade, profession, or particular	were as follows:
ED HIS pe pe of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Millberth
RESERVED G INK—THIS GE should be that it may be that it on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-
SEJ INK sho	0 10. Oate deceased last worked at 11. Total time (years)	6 Mas pregnouly
RES VG I AGE that ons o	O this occupation (month and spant in this year) occupation	
Z 4 - 6	12. BIRTHPLACE (city or town wherland, med,	Other Contributory Causes of importance:
RGIN FADI Jied. rms, so	(State or country)	
[ARGI] [FA] [pplied, terms, instru	13. NAME telever 20 albright	
Sun un	14. BIRTHPLACE (city or town) MA Danage (State or country) Ned	Name of operation
E free		What test confirmed diagnosis? Was thera an au'opsy?
<u> </u>		23. If death was due to external causes (VIOL ENCE) fill In also the following:
TLY TEA	16. BIRTHPLACE (city or town) Curubelland ned (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	17. INFORMANT Mary Gray	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D. s very	(Address) Cumberland, 2nd	
	18. Burial, CREMATION, OR REMOVAL	Manner of Injury
	Place M. Vella & Perello Oate Jasky 3, 193	Nature of Injury
ma CA	19. UNDERTAKER OFFICE Stein Steel	24. Was disease or injury In any way related to occupation of deceased?
S. No.	(nulless) Charperland 1/d	(Signed) The prevasking M.D.
>	20. FILED Kinl 30,1937 J. R. Marklin, M. A. Registrar.	(Address) for wheel and med
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	TATEMENTS BY PHYSIC	STATEMEN	FURTHER	FOR	SPACE	ADDITIONAL
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DR. LANICH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify
(Signed)

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Perilonilis	3 days ago
1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones RIBEAU V.	May 1,1923	Gastroenteritis	1 year
a service of			

1. PLACE OF DEATH	195)
County Alleganey	Registration Dist. No.
Village or City Westernport, Md.	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
with length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alonzo Baker	
(a) Residence: No. Franklin, Md.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White s. single, Married, Widowed, OR Divorced (write the word)	21. DATE OF DEATH LINE 29 (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Pearl V. Baker	22. I HEREBY CERTIFY, That I attended deceased from
	fline 29 ,187 , to fline 29 ,137
6. DATE OF BIRTH (month, day, and year) April 13, 1937.	I last saw h_UAA_ adve on, 1954 ; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 33.0 P m.
20 2 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Frade, profession, or particular kind of work done, as SPINNER, Miner SAWYER, BOOKKEEPER, etc	Chat un luping 6 6/29/3
Industry or business in which work was done, as SILK MILL, Coal-Miner SAW MILL, BANK, etc.	- State of the sta
SAW MILL, BANK, etc	The Court has not yet decided whether
10. Date deceased last worked at this occupation month and 1937	the shooting was recidental or homiceful
year) occupation	+
Barnum 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME JOSEPH Baker	
D. 2	
14. BIRTHPLACE (city or town) ied to an t	Name of operation Date of
15. MAIDEN NAME Mary Harvey	What test confirmed diagnosis?
Garrett County	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 0/29, 193.7_
≤ (State or country)	Where did injury occur? Wissemford, Md. (Specificity or town, county and State)
17. INFORMANT Joseph Baker	Specify whether iginry occupied in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Franklin, Md	nome of the muthwaite
18. BURIAL, CERATION OF REMOVATION THE TOPY Place Date 1937	Manner of injury . Ohot quen
19 (0) 1 1 3 1	Nature of injury Sentitury wound left Chest
19. UNDERTAKER D. J. Book	24. Was disease or injury in any way related to occupation of deceased? 210
(Address) Bution, Ma	If se, specify
20 FILED June 30 1937 a Barkin ha her M.	(Signed) M.D.
Registrar.	(Address) Wistershort no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

g .	1. PLACE OF DEATH	(21) (X)
00 000	(If a	Registration Dist. No. 4 AL HOSPITAL St., 6-6 Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs
Statement	(a) Residence: No. ARTEMAS, PENNA	If U. S. Veteran, specify WAR
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	FEMALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (sprite the word)	21. DATE OF DEATH JUNE 4, 1037 (Day) (Year)
	5a, If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
0 -	6. DATE OF BIRTH (month, day, and year) FEB. 9 1931	I last saw had alive on 3, 19.3); deeth is said
	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
1.00.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Langrino May
	work was done, as SILK MILL, SAW MILL, BANK, etc	affiliation 43
	12. BIRTHPLACE (city or town) PENNSYLVANI (State or country)	Other Contributory Causes of importance:
1	13. NAME WATSON BARNES 14. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	Name of operation aff wants for the page . Oate of 6 - 3 - 3
	15. MAIDEN NAME EDNA SMITH 16. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	Whet yest confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? 19
-	IZ INFORMANT EDNA L. JAY	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	(Address) ARTEMAS, PENNA. 18. BURIAL, CREMATION, OR REMOVAL ALL Place L'ALEMAN Pa. Oate Gusse. 6, 1937	Manner of injury
	19. UNDERTAKER Shraim Smith (Address) Crtano pa	24. Was disease or injury in any way releted to occupation of deceased?
	20, FILEO June 9 1932 Ds. J.C. Franklin	(Signed) J. M. Woom Mut M.

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Cerebral hemorrhage	July 5,1927	Peritonitis VED	3 days ago
		11 = 1111	
		1937	1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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JUL 9 1931	1		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(159)
County allgany	Registration Dist. No. 4
	No. St., 4-1 Ward of death occurred in a horpital or institution, save its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	ds. How long In U.S. of foreign birth?yrsmosds
2. FULL NAME Jenature thistey	Sennelly U. S. Veteran, specify WAR
(a) Residence: No. 216 De Catal (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thai I atlended deceased from
(or) WIFE of	- at butt 19 10 19
6. DATE OF BIRTH (month, day, and year) 6. 14 - 837	I last saw h_l alive on
7. AGE Years Months Days If LESS than	To have occurred on the date stated above, at
1 day, 9 - hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Tremalusity
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	5'2 6 6 alos
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
0 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Othor Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Cambrilland by	Other Commentery Casses of Importance.
(State or country)	<u> </u>
13. NAME A illiam O shifly	
13. NAME A Illiam O Miffly 14. BIRTHPLACE (city or town). (State or country)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was Ihere an autopsy?
15. MAIDEN NAME Energy Street Germott 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Welyn Wack Jermell (Address) 716 December 18	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CEND Date 6-18, 193/	Manner of injury
10 HADDENTAVED down Sterie 1 9mg.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
mous Vine 18 man De OPFI LO:	(Signed) P Dawen M. I
20. FILED June 18, 1937 VA. J. T. Trangling.	(Address) Prince Andland h. a

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DEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP. TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAMLY, WITH mation should be carefully CAUSE OF DEATH in plain TION is very important.

County ALEGANY Village or City Comberland. No. ALEGANY Hospital or institution, give its NAME instead of street and number	Ward	
Village or City CUMBERLAND. No. ALLE GAINT HOSPITAL. St. 4-1	Ward	
The state of the s	er)	
Length of residence in city or town where deeth occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos		
2. FULL NAME Stellbane (VAYTON If U. S. Veteran, specify WAR.		
(a) Residence: No. St., Ward. Thutstone (Usualplace of abode) (Usualplace of abode) St., Ward. Thutstone (Ward of the city of town and State of the city of the city of town and State of the city of the		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH	
	(Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended dece	esed from	
6. DATE OF BIRTH (month, dey, and year) 6. 21-37 I last saw h	ath is said	
7. AGE Years Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence		
8 Trade profession or particular	te of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et 11. Totel time (years)		
year) occupation —		
12. BIRTHPLACE (city or town) COMBERLAND (State or country) Other Contributory Causes of Importance:		
# 13. NAME STERREY COLDEN (LAYTON)		
13. NAME SERVEY COLDEN CLAYTON 14. BIRTHPLACE (city or town) Name of operation Date of		
Whet test confirmed diegnosis? Was there en autop	sy?	
15. MAIDEN NAME LEOLA TEARL HIGH 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Control of the control		
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? State or country) Where did injury occur?	, 19	
(Specify city or town, county and State) 17. INFORMANT Nes Learn CAYTON Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) A Fluntation of William of Wi		
18. BURIAL, GRENATION, OR REMOVAL Place Lamiton 19 G. Date We 24, 19 7 Nature of injury		
19. UNDERTAKER 440 August 19. UNDERTAKER (Address) 4. Was disease or injury in any way related to occupation of deceased?		
20. FILED James 3, 1937 Jan. V. Frankligh D. (Signed) Bailey Hughly Registrar. (Address) 1.6 & Leer Sy St.	M. D.	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W Balbay			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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2. FULL NAME (a) Residence: No. Co. ds. Nowlong in U.S. if of fresign britin? PERSONAL AND STATISTICAL PARTICULARS 3. SIXX 4. COLOR OR RACE (b) S. SINGLE, MARRIED, WIDOWED (c) Wilf of Veyers A. Co. AT Nowlong in U.S. if of fresign britin? S. I Ward If U.S. Veteran, specify WAR (b) Residence: No. Langible of sides of color or RACE (c) Residence in city or typny where death occurred a backety PERSONAL AND STATISTICAL PARTICULARS 3. SIXX 4. COLOR OR RACE (c) S. SINGLE, MARRIED, WIDOWED (c) Wilf of (c) 193. S. I MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HERE BY CERTIFY, Their I steemed deceased from the world of the side steeds cheve, at if you was done, as 3 SIN WILL, SAN WAILL, SANK, etc. S. Industry or business in which (s) Industry or business in which (s	STATE OF MARYLAND—	CERTIFICATE OF DEATH 62	07
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(a) Residence: No. Authority Authorit	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	ds.
(a) Residence: No. 2	2. FULL NAME & Long of Gold	If U. S. Veteran, specify WAR	
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1 301 - 1007	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

AGE Years Months Days If LESS than It Age to have occurred on the date stated above, at June 193 Committee of the same of the	PALACE OF DEATH	177
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AGE Years Months Days If LESS than 1 day,	La sur	0. //-
8. Trade, profession, or particular S. Trade, profession, or particular S. ANYER, BOOKKEPER, etc. 9. Industry or business in which SANYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and seed of the seed		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SSILK MILL. Clauded Comments with the securation of the spant in this occupation (month and year) 10. Date doescased last worked at this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION OR REMOVAL Place (Address) 9. UNDERTAKER (Address) 10. The contributory Causes of Miportance: When test confirmed diagnosis? Was there an autopay? 19. Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 15. Manner of injury Nature of injury Nature of injury 16. Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 17. INFORMANT (Address) 18. UNDERTAKER (Address) 19. UNDERTAKER (Address)	1 6 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAMYER, BOOKEPER, etc.	79 e - ormin.	Date of onse
Other Contributory Causes of importance: Other Contributory Causes of importance:	kind of work done, as SPINNER, Machine	Vagraning Russiant Wille
Other Contributory Causes of importance: Other Contributory Causes of importance:	9. Industry or business in which	Guard Pertant 1/1
Other Contributory Causes of importance: Other Contributory Causes of importance:	SAW MILL, BANK, etc.	- Course of Course of Course
Other Contributory Causes of infiportance: (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Other Contributory Causes of infiportance: Name of operation Name o		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION OR REMOVAL Place (Address) 9. UNDERTAKER (Address) 17. UNDERTAKER (Address) 18. Date of .6 Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 9. UNDERTAKER (Address) 16. So, specify Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury 17. Nature of injury 18. Specify 19. Was disease or injury in any way related to occupation of deceased? 19. Signed 19. Signed	year) cocupation	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION OR REMOVAL Place 17. UNDERTAKER (Address) 18. Was there an altopsy? 19. What test confirmed diagnosis? Was there an altopsy? 23. If death was dua to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	2. BIRTHPLACE (city or town)	Mud sud Man
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) 8. BURIAL, CREMATION OR REMOVAL Place Place What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 9. UNDERTAKER (Address) 16. Signed Was there an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)		
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(State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place A Course A Cour	15. MAIDEN NAME Elleur	
(State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Place A Cuico Daje fulle 17, 19 3 7 Nature of injury. 9. UNDERTAKER (Addiess) 15 so, specify (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT (Address) 8. BURIAL, CREMATION OR REMOVAL Place A Louis August Au		
9. UNDERTAKER Pocision Action Action of deceased? (Addiess) Place Av Jukes General Action of Manuel of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	17. INFORMANT Citiel Cormers (Address) Childred grad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addiess) Production of Signed Time (Signed)	18. BURIAL, CREMATION, OR REMOVAL Place De Lucia Company August 1. 1. 19	3 7
O. O. O. P. J. L. Csigned & H. M. Little	19. UNDERTAKER Locica Stew Luce (Addiess)	
Registrar. (Address) & U. In Curling At	20. FILED June 12, 1937 Dr. J. P. Frankles	(Signed) + Magliffica M.

V. S. No. 1

Exact statement of OCCURA

stated EXACTLY. PHYSICIANS should

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

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AGE should be

supplied.

mation should be carefully

-WRITE PLA

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FOR BINDING

MARGIN RESERVED

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Example I		Example II	18
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(3) V (5)	7
Other contributory causes of importance:		Other contributory causes of importance:	/
Gallstones	May 1,1923	Gastroenteritis BUR 1937	1 year
		TAT P	
		.81	

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Chronic interstitial nephritis 7 1901	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			Į.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			to-

of Occupa Exact statement properly classified. MARGIN RESERVED FOR BINDING certificate. See instructions on back TON is very important. ż

PROPERTE OF WEATH	
County allegany	Registration Dist. No.
Village or City Cushler Land	No. Jhomus St., 6-2 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Carl Cire	Udent U. S. Veteran, specify WAR
(a) Residence: No.) 113 Paw Gaw Wee (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of (or) WHFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0 11 1917	I last saw h alive on 19 ; death is seid
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
2 4 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
Trade profession or perticular O	erished Thoracie Date of onest
kind of work done, as SPINNER, allower	Carety
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (yeers)	Those of occident: Cumberland, alle
this occupation (month end spent in this occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Cumberland (State or country)	Other Contributory Causes of Importance.
13. NAME Terbert a Couden	
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (otate of country)	What test confirmed diegnosis? Was there an autopsy? Ro
15. MAIDEN NAME Tellen Cline	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Tylen Cline 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Assistant Date of Injury June 12,193
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MISS Carl Coulden (Address) Paux Paux many	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 14,193	Manner of Injury Jun and Injuries
19. UNDERTAKER Jassis Stein hie	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) (Vinkelland me.	If so, specify the the resultings. Course
20. FILED June 14, 1937 Un. J. F. Frankling	(Signed) (Address) (Address) Mad

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1927	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V.S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6211
1. PLACE OF DEATH	Registration Diet No.
County Alleghanis	Registration Dist. No.
Village or City Welfald, Miss. (1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Could Clayoff	MAKELE U. S. Veteran, specify WAR
(a) Residence: No. Sextmald Mda: (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) Male Market	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE or wishand of Margaret M. Cray	22. I HEREBY CERTIFY, That I attended deceased from 1937 to well 11th 1937
5. DATE OF BIRTH (month, day, and year) 7 and . 24 1867	I last saw hour allva on James 1/th, 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
69 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Caalminer SAWYER, BOOKKEEPER, etc.	melaucholis 1922
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	-
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation (month and year) 0 occupation 30	
12. BIRTHPLACE (city or town) Anaconyma (State or country)	Other Centributory Causes of Importance: pararing June 10-
13. NAME Thaston games Gran	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis?
15. MAIDEN NAME Mahaka Kohami	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury June 19, 19.3.7.
(State or country)	Where did injury occur?
17. INFORMANT / 123. Alle Huspely (Address) Longroning , M. J.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Tong on REMOVAL metery Date June 1 4, 193	Manner of Injury
19. UNDERTAKER Dagle md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED USUR 14, 1957 Dr. E. Doe To Registrar.	(Signed) M. M. Dirwell M. D. (Address) Midland M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago.
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	180	Aug Barry	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH sta 1. PLACE OF should County__ Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death/occurred. How long in U.S. if of foreign birth! atement 2. FULL NAME If U. S. Veteran, specify WAR_ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Y., That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 40 or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Industry or business in which back may plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation 08 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) ____ plain (State or country) What test confirmed diagnosis? efully OTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Dale of injury______ 19_ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury AUSE mation Nature of injury. LION 24. Was disease or injury in any way related to accupation of decease 19. UNDERTAKER If so, specify 20. FILED. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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SUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	41.9
County alfegany	Registration Dist. No.
Village or City Zilalana Mo	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Linguisting	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the world)	21. DATE OF DEATH
I w married	(Month) (Day) (Year)
5a. If married, widowed, or divorced AUSBAND of	22. A HEREBY CERTIFY, That I attended deceased from
(or) WIFE of John Melbery	1936 to June 14 193
6. DATE OF BIRTH (month, day, and year) OCX 15-1863	I last saw h a alive on 9,44 /3, 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.36 Am.
73 7 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A-A-A-
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinama of wie
CAW MILL DAMK ata	/936
10. Date deceased last worked at this occupation (month and spent in this	fellen
year) occupation (month and spent in this	Albert Control of Cont
12. BIRTHPLACE (city or town)	Other Coutributary Causes of importance:
(State or country) Wales	
13. NAME Shomas 13. Byans	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis (Len F. Was there an autopsy?)
15. MAIDEN NAME Mary ann dargford	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?, 19, 19, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A LANGUAGE MACHINE MACHI	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place trostburg Mod Date Sure 16, 1937	Nature of Injury
IN HADERY AND COMPANY OF THE STATE OF THE ST	24. Was disease or injury In any way related to occupation of deceased? 220
19. UNDERTAKER (Addiess)	If so, specify
20. FILED 6 - 16, 19 37 Mrs. a R. Maeker	(Signed) WOM June A. M. D.
Y Registrar.	(Address) - Frankling Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	1 1 2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Ath 2	1 year
		BURN 1937 /	

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Chronic interstitial nephritis-	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 7 1931	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	\ \ \	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ITHENE GORI	STATE OF MARYLAND	CERTIFICATE OF DEATH 6215
infe sta UP	1. PLACE OF DEATH	mia vo
ould occu	County Oblegaguny	Registration Dist. No.
item of should of OCC	Village or City Comments (If	No. Months (Control of the Control o
		ds. How long in U.S. if of foreign birth?yrsmosds.
PHYSICIANS oct statement	2. FULL NAME Lage Mane Vust	If U. S. Veteran, specify WAR
D. I SIC	(a) Residence: No. Dalabury Pa	St. Ward.
RY St	(Usual place of abode)	If nonresident give city or town and State
REC . PH Exact	PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
1 × 7	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
A C T I assifted	5a. If marriad, widowed, or divorced/ HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
A Ext.	6. DATE OF BIRTH (month, day, and year) Aft 13, 1930	1 lest saw has aliva on June 21, 1937; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A I stated properlectifical	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8 Trade profession or particular	Were as follows:
VED THIS III PE ay Pe ck of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Eicele Meurgles 15
K-T] lould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (years)	Mot Contagon 1937
RESER VG INK— VGE shou that it m ons on ba	10. Date deceased last worked at this occupation (month and year)	V
ZAIR	12. BIRTHPLACE (city or town) alklich burnship	Other Coatribatory Caases of Importance:
IN I	(State or country)	July W Jan 10
ARGIN Inplied. terms, so	II 13. NAME Francisco Consultation	193
A P P P	14. BIRTHPLACE (city or town) State or country)	Name of operation Date of
III Sun plain t	(State or country)	What test confirmed diagnosis? Wes there an autopsy?
WITS efully in pla ant.	15. MAIDEN NAME Freedy Sipple	23. If death was due to external causes (VIOL ENCE) fill in also the following:
44 25	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
LY, e cal ATH	(State or country)	Whare did injury occur?
	17. INFORMANT Lance Surst	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
43 70	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury Child Joll on back
三 百 三	Place alsbury a Date June 24, 109	Neture of injury.
-WRIT] mation CAUSE TION is	19. UNDERTAKER USE & STATES	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Chipuley (Address)	If so, spacify
, y , y	20. FILED Jane 22, 1997 Jos. T. Manklin, M. D. Registrar.	(Signad) M. D. (Address) Cumbuland Med
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis E. V. E. D.	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 7 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

J. PI	LACE OF DEA	тн	71 1717 110		203-9	DEATH	0.010
112 0	countyA	llegany			8	Registration Dist. No	4
	fillage or City			. (1	death occurred in a hospital or institution,		and number)
					ds. How long in U.S. if of fore		
	ULL NAME				If U. S. Veteran, spec	cify WAR	
(:	a) Residence: No	Cumper.	(Usual place		St.,Ward.	If nonresident give city or town	and State
F	PERSONAL AN	ND STATIST	ICAL PART	CULARS	MEDICAL CERT	TIFICATE OF DEAT	Н
3. SEX		OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	June 5/1937	, 193 (Year)
HUS	stried, widowed, or div SBANO of Eligible WIFE of	orced zabeth.	Elliott			ERTIFY, That I atter	
6. DATE	OF BIRTH (month, da	ly, and year) M 2	y 1 19	15	I last saw h alive on	, 19_	; death is sai
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated abo		
	22	1 1	4	ormin.	The PRINCIPAL CAUSE OF DEATH and were as follows:	d related causes of Importance	Date of onset
3	Industry or business i work was done, as SAW MILL, BANK, Date deceased last wo this occupation (mo	n which SILK MILL, etc	f'Americ	Corporati a • ime (years) nt in this upation	of aniss	this assertion	y Inc
	HPLACE (city or town State or country))	l	ld	Other Contributory Causes of importance	:e: 	
13.	NAME E:	rrett.El	liott				
13. t	BIRTHPLACE (city or t (State or country)	own)	Mo	3	Name of operation What test confirmed diagnosis?		
15. M	MAIDEN NAME L	illieA	ndersor	1.	23. If death was due to external causes (
15. M	BIRTHPLACE (city or t (State or country)	own)pa			Accident, suicide, or homicide?		,
	PARAMETER Short wire sales of	lie. Ell y Rout 4	iott		Specify whether injury occurred in INO	Specify city or town, county and OUSTRY, In HOME, or in PUBLIC	State) C PLACE.
18. BURI	AL, CREMATION, OR Place Bethel.		oate Jun	e 8. , ₁₉ 37	Manner of injury Nature of injury		
		ohn.C.Wo			24. Was disease or injury In any way rel	lated to occupation of deceased	?
20. FILE	June9,	1937 DA	J.C. 4	sanplin	(Signed)	and and	Coron

V. S. No. 1

Exact statement

stated EXACTLY. properly classified. Ex

AGE should be

supplied.

mation should be carefully

TION is very important.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6217
1. PLACE OF DEATH County Alland Village or City Anagasus	13h
County Allgamy	Registration Dist. No.
Village or City Jon agreement	NDSt.,Wai
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James & the hatrie	If U. S. Veteran, specify WAR
(a) Residence: No Big Verw All (Usual place of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 1/2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1937 to June 23 1937
6. DATE OF BIRTH (month, day, and year) Jan 30 1873	i last saw h Mu alive on June 43 1 19 17; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.2 8 P.m.
64 4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Chronic dulestitet hiphules 6/10)
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. SINDIAN OF Industries of Publishers of Publ	6/1/3
Industry or business in which work was done, as SILK MILL, Call Allinds SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. SAWYER, BDOKKEEPER, etc. SAWYER, BDOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent In this occupation occupation	2
in a	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Helanyland (State or country)	viaenix eguis
13. NAME Michael Fitzpiatrick	
Ξ ///	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Prosa Mahoney	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) The Scotia	Where did injury occur?
17. INFORMANT Mils Jana Mi Gregor (Address) Finle mina Sm. d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place St. Marya Comeleypale sure 26, 1937	Nature of injury
19. UNDERTAKEN Loichhouse (Address) Genachung Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 26, 137 Dr. F. On Fl.	(Signed) m. An corrust M. (Address) malaud. md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street or	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis R	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocaterilis	1 year
		- B.	

	C. RD. Every item o	PHYSICIANS shoul	act statement of OC	
STITUTE TO LEGENT MEDIUS	N. B. WRITE PLANLY, WIT UNFADING INK-THIS IS A PERMANENT REC. RD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
	N. B. WRITE PLANLY, WIT	mation should be carefull.	CAUSE OF DEATH in pl	TION is very important.

	L PLACE OF DEAT	гн			(n)			
	County Alle	gany				Registration D	Dist. No	4
	Village or City	Sumber 1	and	//	No. 522 Quebe death occurred in a hospital or institu	3.C	St.,	War
					death occurred in a norpilal of institu			
	. FULL NAME	Robert	Edward F	orbeck	If U. S. Veteran,	specify WAR		
	(a) Residence: No.							
otte			(Usual place of		St.,Ward.		ive city or town and	State
_	PERSONAL AN					ERTIFICATE	OF DEATH	
3.		r or race	5. SINGLE, MARE OR DIVORCED Singl	(write the word)	21. DATE OF DEATH	June (Month)	5 (Day)	, 193.7 (Year)
5a	If married, widowed, or divo HUSBAND of (or) WIFE of	read /		,		CERTIFY		
		1	In 1 - 7-7	1935.	June 5,			
	DATE OF BIRTH (month, day AGE Years	, and year) Months	July 17.	If LESS than	to have occurred on the data stat	ad shove at 3 P	• m	; death is s
•	AGE	10	12	1 day,hrs.				Date of one
20	8. Trada, profassion, or pa kind of work dona, SAWYER, BOOKKEE	rticular as SPINNER,			Entero	olite	- XIR	June
CCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	which						1937
S	Date decessed lest wor this occupation (more	ked et oth and	11. Total ti	me (yaars) nt in this	-			
_	yaar)			pation	Other Contributory Causes of imp	ortance:		10
12	BIRTHPLACE (city or town). (Stata or country)	Gum	berland Marylan	. d	Brown	for she	reuz	The
2	1	ert F.	Forbeck					1-1
FAIHER	14. BIRTHPLACE (city or to	O.m.	perland		Neme of operation	<u> </u>	Dete of	
-	(Stata or country)		aryland		What test confirmed diagnosis?	- 11 -		
TEK	15. MAIDEN NAME	leta H	nomas //	ill	23. If death was due to axternel ca			-
20000	16. BIRTHPLACE (city or to (State or country)		perland. Maryland		Accident, suicida, or homicide? Whara did injury occur?			
17	informant Rob 1 (Address) 522	. F. F.			Whara did injury occur? Specify whether injury occurred N O	(Specify city or t in INDUSTRY, in HOI	town, county and Sta ME, or in PUBLIC PL	ite) LACE.
18	BURIAL CREMATION, OR R	EMOVAL		ie 7, 19 37	Manner of InjuryN O			
19		s Stei		m d	24. Wes diseese or injury in any	wey raieted to occupa	tion of daceased?	No
_	(Addrass) Cumb	and L	Maryla	na hl.	(Signad) M. E.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	2 \.	Example II	
The principal cause of do of importance were as for	ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephriti		1921	Run over by street car	1 week ago
Cerebral hemorrhage	GUREAU V.	July 5, 1927	Peritonitis	3 days ago
	Lance of the same			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY PHYSICIAN
withousalin Achance date of birt	he see letter feled
under Overs. 7/27/307.	

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Example I	- 1	Example II	
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Chronic interstitial nephritis 111 7 1931	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Chronic interstitial hephritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAMLY, WIT

V. S. No. 1

STATE OF MARYLAN 1. PLACE OF DEATH	ID—CERTIFICATE OF DEATH
County Allegany	Registration Dist. No.
Village or City Land Land Land Land Land Land Land Land	No. St Ward
2. FULL NAME (a) Residence: No. (bual place of abode)	The fanekanger. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WHOO OR DIVORCED (write the	
5a. If married, widowed, of divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I etlended deceased from
6. DATE OF BIRTH (month, day, and year Phanch 21, 18. 7. AGE Years Months Deys II LES:	I last saw h
99 2 25 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Hemorrhag 2 Jun 16'
SAW MILL, BANK, etc	
O late deceased last worked et this occupation (month end year) spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town). (State or country), Many land	Other Contributory Causes of importance:
13. NAME Lenry Hanekar	np.
14. BIRTHPLACE (city or town) (State or country) Lunfanoum	Neme of operation Dele of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dancy Cycle 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Comma Orife (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVED TO BURIE 18.	Manner of Injury
19. UNDERTAKER M. Cerghhering (Address)	24. Was disease or injury in any way related to occupetion of deceased?
	gistrar. (Address) Longerman M.
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of apilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perionitis ()	3 days ago
	1 cay si	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	8:	
	1915 1921 July 5,1927	of importance were as follows: Attack of wilepsy 1921 Run over by street car July 5, 1927 Perionitis Other contributory causes of importance:

V. S. No. 1

(Address)

Registrar.

If so, specify

(Address) /

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Example I	the state of the s	Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
J. J. J. J. B.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

-WRITE PL

V. S. No. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	-CERTIFICATE OF BEATH
County alleghams	Registration Dist. No.
Village or City Anatom Md.	No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \(\delta \alpha \) yrsmo	sds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Nasper Clyalette Na	uell
(a) Residence: No. Datto Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH June 18- 1937
Semale White Redained	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mighe of Jeffenson Souell	19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	I lest saw her alive on fune 10 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
85 5 1 day,hrs	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Were as rollows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this operuation (meght and	
10. Data deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 0.5	
13.4. 2	Other Coutributory Causes of importance:
(State or country)	
E 13. NAME andrew W. mostre	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au!opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 2 actor w	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date July 193	Nature of injury
19. UNDERTAKER A. S. F. Dagl	24. Was disease or injury in any way related to occupation of deceased?
(Address) Baston, Und	If so, specify
20. FILED June 19, 37 S. a. Boucher	(Signed) W. A / Kow Chen M. D
Registrar.	(Address) Barton, Md.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

. No. 1	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING			M
BWRITE PLANCLY, WIT UNFADING INK-THIS IS A PERMANENT REC. AD. Every item	UNFADIN	G INK-THIS	IS A PERMAN	ENT REC	D. Every i	item
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	y supplied. A	GE should be	stated EXAC	TLY. PHY	YSICIANS	sho
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	ain terms, so t	that it may be	properly classif	ied. Exact s	statement	of C
TION is very important. See instructions on back of certificate.	See instructio	ns on back of	certificate.			

1. PLACE C	OF DEATH			(159) Dr.Lanich.108
	Allega			0
				No. 431. South. St. St., E-4 Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of re				sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA		enry.W.Hu		If U. S. Veteran, specify WAR
	ence: No. Cur	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
Male	4. COLOR OR RACE white	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH June . 13 . 1937 (Month) (Day) (Year)
5a. If married, wido HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, That I attended deceased from 12-3719 to the 13 1932
6. DATE OF BIRTH	(month, day, and year)	June.12	2.1937	Tlast saw h in alive on 19 19 2 ; death is said
	ears Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
work w SAW M 10. Date decea this occ year)	r business in which ras done, as SILK MILL, ILL, BANK, etc		me (years) nt in this pation	Other Contributory Causes of Importance:
		W.Hull		
14. BIRTHPLAC	CE (city or town) or country)	Pa	a	Name of operation
15. MAIOEN N	AME Ethel.E.	Myers		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN N 16. BIRTHPLAC	CE (city or town) or country)	Wys	3	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT (Address)	Henry.W.Hu			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	ATION, OR REMOVAL OSE Hill	Date June	15.1937	Manner of injury
19. UNDERTAKER _ (Addiess)	Cumber	C.Wolfor	cd h//	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILED Jun	e,5,,1937.NA	-gir tha	Registrar.	(Address) Cumber and Ang.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
			^

STATE OF MARYLAND-CERTIFICATE OF DEATH

UNFADING INK-THIS IS A PERMANENT REC

FOR BINDING

MARGIN RESERVED

-WRITE PL

V. S. No. 1

A.	SIAI	E OF MARYLAND—	CERTIFICATE OF DEATH	0000
TO DO	1. PLACE OF DEATH		(82°a)	
ould	PRATE unty COQO a a	May.	Registration Dist. No.	/
should of OCC	Village or City Cuch	leton	NO. So described St., of death occurred in a horpital or institution, give its NAME instead of street an	/ -/ Ward
at a	Length of residence in city or tow		sds. How long in U.S. if of foreign birth?yrs	
PHYSICIANS ict statement	2. FULL NAME (a) Residence: No. 8 0	ie Greland Diene (Usual place of abode)	St., Ward. If nonresident give city or town a	_J C
PH	PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Y. PH Exact	3. SEX 4. COLOR OR R	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 23.	. 193 7-
T.I.	5a. If married, widowed, or divorced	Single	(Month) (Dey)	(fear)
A C assif	HUSBAND of (or) WIFE of	<u>U</u>	19 I HEREBY CERTIFY. That I attend	2 00
	6. DATE OF BIRTH (month, dey, and year	ar) June 5, 1857	(Mast saw hand elive on June) 22, 193	Z; deeth is said
erl.	7. AGE Years Me	ontis Days If LESS than	to have occurred on the date stated above, et 2 . 15 m.	
stated E properly certificate.	80	/8 i day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.1
-	Z S. Trade, profession, or perticular kind of work done, as SPIN	C3 .		Date of onset
l be y be k of	kind of work done, as SPIN SAWYER, BOOKKEPER, etc.	hreag mater	Cerebral Kensockage	6/28/07
nay may back	ndustry or business in which work was done, as SILK MII SAW MILL, BANK, etc.	Pre Lancer.		
s sh t it on	10: Date deceesed last worked et this occupation (month end year)	9.27 11. Total time (years) spent in this 46	0	
AGE that ions o	7/	A The acceptance	Other Contributory Causes of importance:	1
l. so ucti	12. BIRTHPLACE (city or town). (State or country)	10	Lygenensen	
upplied. AGH terms, so tha e instructions	E 13. NAME Thatter	One land.	Theres & dirosis	
44	14. BIRTHPLACE (city or town)	+ Quedremal	Name of operation	
y sugain to	(State or country)	a lland	What test confirmed diagnosis? Classed Was there a	n autonou? Mal
efully su in plain ant. See	15. MAIDEN NAME MONTE	tha G. Lumeden.	23. If death was due to external causes (VIOLENCE) fill in also the follow	
6.0	16, BIRTHPLACE (city or town)	100	Accident, suicide, or homicide? Date of injury	
e c ATI	State or country)	olling 1	Where did injury occur?	
should be car OF DEATH very import	17. INFORMANT King (Address)	Cheland	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
	18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
SE SE	Place Was Kell	Cem. Date flesse 25,1937	Nature of injury	
mation s CAUSE TION is	19. UNDERTAKER) M. Eic	hhow	24. Was disease or injury in any way related to occupation of deceased?	ns.
CA.	(Address) Jonac	erring MA	If so, specify	
(1)	20. FILED James 3, 19 3.7	Registrar.	(Signed) (Address) Medical Stoll	7M. D.
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ON SEAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

6226

1. PLACE OF DEATH	
County allegany	Registration Dist. No. 9
Village or City Frontbara	No. 119 Waple St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Groves Jelle) If U.S. Veteran specify WAR
(a) Residence: No. 119 Zuable 000	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Mary Sitting Jeffries	1 HEREBY CERTIFY. That I ettended deceased from 1932, to 1933, 1933
6. DATE OF BIRTH (month, day, and year)	last saw har alive on 1921; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 2
62 4 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, 140	A A
SAWYER, BOOKKEEPER, etc.	Chrone Mepher >
9. Industry or business in which work was done, as SILK MILL Postal Service	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (manth and year) spant in this occupation.	
A All	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Jacob Country)	
	Mema
13. NAME Jakes Jeffres	
14. BIRTHPLACE (city or town) DD	Name of operation Date of
(State or country) Wales	What test confirmed diagnosis? Les Amod Was there an autopsy?
15. MAIDEN NAME To Le Groves 16. BIRTHPLACE (city betown) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city Cortown)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Eugland	Where did Injury occur?
17. INFORMANT Machand Worler (Address) & 7 & # 5 Euroberland W.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegance ben - Date June 8, 1937	Nature of injury
19. UNDERTAKER Jacob Haler	24. Was disease or injury In any way related to occupation of deceased?
(Address) Frontburg und	If so, specify
20. FILED work 7 , 1937 Dranley	(Signed) M.D. M.D.
LT 1 Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Hi	1 year
		BUD 2 1837 /	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\$	

STATE OF MARYLAND-CERTIFICATE OF DEATH

	STATE OF MARTEAND	CERTIFICATE OF BEATTI	
	1. PLACE OF DEATH	186-0	
	County alghans	Registration Dist. No. 6	
		No. St., St., death occurred in a hospital or institution, give its NAME instead of street and r	
	Length of residence in city or town where death occurred	ds. How long in U.S.If of foreign birth?yrsmo	osds.
1	2. FULL NAME Janan, agbaugh	If U. S. Veteran, specify WAR	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH JULY (Month) (Day)	, 193 / (Year)
	5e. If married, widowed, or divorced HUSBAND of (or) Wife of Mife of Michael Kalbaugh	22. I HEREBY CERTIFY. Thet i attended May 31. 1932, to JUNE 11.	- 60
	6. DATE OF BIRTH (month, day, and year)	I lest saw her alive on June 11 1932	
cac	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 3_Pm.	
ertin	101 4 1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
2 10	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chronie Nophotic	
раск	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (yeers)	Uremia	6-7-37
Da l	SAW MILL, BANK, etc.	accidentally fall, in bedroom, in here lo	ne.
0	10. Date deceased last worked at this occupation (month and year) - 4-4-36 spent in this occupation.	about one year before hear deather our	3.9.
instructions	12, BIRTHPLACE (city or town) Westernsport	Other Contributory Causes of importence:	
ruc	(State or country)	Pulmonary Edema	6-11-37
nst	13. NAME William Right		-
See 1	13. NAME Allan, Right 14. BIRTHPLACE (city or town) Western park (State or country)	Name of operation None Date of	
ñ	(State or country)	What test confirmed diagnosis? Physics - Sam Wes there and	eutopsy?
ır.	16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following	g:
rta	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oscident. Date of injury	
important	Stete or country)	Where did injury occur? Luke, Ollegany County Maryla	nd:
very in	17. INFORMANT Mss. 1 hag. Sarston	Specify city of town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE. 1936
	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury accidental falls in her housel.	
IIS	Piece Mula Semetry Date June 13, 1937	Nature of injury	
5	A) Ball	24. Wes disease or injury in any way related to occupetion of deceased?	No
=	19. UNDERTAKER A CARLON MA.	If so, specify	
	20. FILED Rene 3157 a Bayenhahan m. A	(Signed) Caulanism	M. D.
	Registrar.	(Address) Pledmont, W. V	4

V. S. No. 1

-WRITE

7. PHYSICIANS should state Exact statement of OCCUPA-

RD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

nation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 1111 R 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-17:41

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

CORPORATE	STATE	OF	MARYLAND	-CERTIFICATE	OF	DEATH
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6229

1. PLACE OF DEATH	
County Allegany	Registration Dist. No. 4
Village or City Cumberland, Maryland Length of residence in city or town where death occurredyrs	No. Memorial Hospital St., 6—6 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Delsia Kisner	If U. S. Veteran, specify WAR
(a) Residence: No. Terra Alta, W. Va. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Widowed	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Thomas Kisner	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 11. 1884.	I Jast saw h er alive on fully 30, 1937; death is sair
7. AGE Years Months Days If LESS tha	n to have occurred on the date stated above, at 4:30 m. P.M.
53 19 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc HOUSEWIFE 9. Industry or business in which work was done, as SILK MILL, OWN home 10. Qate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Colore Inapualli Late - O Symp
12. BIRTHPLACE (city or town) West Virginia (State or country)	Other Coutributory Causes of importance:
E 13. NAME Silas Tichnell	- Anna
13. NAME Silas Tichnell 14. BIRTHPLACE (city or town) West Virginia (State or country)	Name of operation
15. MAIOEN NAME Rachel Dodge	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) West Virginia (State or country)	Accident, suicide, or homicide?0ate of injury19
17. INFORMANT Lester Kisner (Address) Terra Alta, West Virginia	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 AMPHAL, CAMMATAN OR REMOVAL Place Terra alta Oate 6/30, 19:	Manner of injury
19. UNOERTAKER (Address) Perra alta, VI Va, 20. FILED Sime 30, 1937 Translin M.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D
Registra	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CEIVED	July 5,1927	Peritonitis	3 days ago
JUL 7 1937		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones PUREAU V. S.	May 1,1923	Gastroenteritis	1 year
Agricultural deputation is to commence and the proof to the commence of the co			

1. PLACE OF DEATH		CERTIFICATE OF DEATH	
de courte allesan	1	Registration Dist. No. 4	4
Mage or City Comper	land	MOLLY # 3 St.	War
Length of residence in city or town where de		f deeth occurred in a hospital or institution, give its NAME instead of street and sds. How long In U.S. if of foreign birth?yrs	
	salli occurrad		11105
2. FULL NAME //lafun	LOUGH WE	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Sund 2d	17
0 10	Jung le	(Month) (Oay)	(Year)
5a. If marriad, widowad, or divorced HUSBANO of	100	22. I HEREBY CERTIFY, That I attended	d daceased fro
(or) WIFE of	9	Thank 30, 1934, to June 1	, 19.3
6. DATE OF BIRTH (month, day, and yaar)	ne 23,19/9	I last saw h alive on free 2 A 19 3	と; daath is sa
7. AGE Yaars Months	Oays If LESS than	to have occurred on the date stated above, at //m.	
11 174	ormin.	wera as follows:	Oate of ons
8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	tudent	Supant Dachial	
9. Industry or business in which		mhreadhlie	
work was dona, as SILK MILL, SAW MILL, BANK, etc		-	
O 10. Data dacaasad last worked at this occupation (month and	11. Total time (yaars) spant in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	lyland	Endvandition	193
E 13. NAME albert W.	Bline	Ilhumahie!	
I /	Dis		
14. BIRTHPLACE (city or town) (Stata or country)	1.7/2	Name of operation Data of What test confirmed diagnosis?	autanau?
15. MAIDEN NAME Lenne	Wost.	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town).	aletown	Accidant, suicida, or homicida? Date of Injury	
(Stata or country)	END	Where did injury occur?	
17. INFORMANT after W	Klings	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
(Addrass) Cumber	and		
18. BURIAL, GREMATION OR REMOVALY	Oate June 6 1937	Manner of Injury	
Tray ou		Nature of injury	
19. UNOERTAKER WILL (Addrass)	Barrel	24. Was disease or injury in any way related to occupation of dacaased?	
(Audrass)/	00% 11-	If so, specify (Signad) PPR	L2
20. FILED June 9., 1937010.	J: Tranplen,		hi d
Dower If more l	Registrar.	(Addrass) Considered Amelone, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M.d.

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1THIN CORP	OHATE OF MADVIAND	CEDTIFICATE OF DEATH
infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 6231
;	1. PLACE OF BEATH	41-B)
should f OCC	Village pr City whoulond	No. 408. Registration Dist. No. 4
= 0	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	1000 10 100 1000	How long In U.S. if of foreign birth?yrsmosds.
. = +	2. FULL NAME WALL NOR VELLE	If U. S. Veteran, specify WAR
AD.	(a) Residence: Np. 400 (Usual place of abode)	St., Ward. If nonresident give city or town and State
REC. P.F.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 29 1937
VG TL	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
BINDING ERMANEN EXACT] y classified te.	(or) WIFE of Tedward La Kelle	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) May 21, 1850	I last saw h aliva on, 19; death is said
- m	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 - A-m.
FOR IS A stated proper ertific	87 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows: Date of onset
- 70	8. Trade, profession, or particular kind of work done, as SPINNER. However, SAWYER, BDDKKEEPER, etc.	Tarcina of lest
	9 Industry or husiness in which	lung about Se 1935
SERV] NK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
RESH VG INI AGE sl that it ons on	this occupation (month and spent in this occupation occupation occupation	
N A L G	12. BIRTHPLACE (city or town) Tammout	Other Contributory Causes of importance:
ARGIN INFADI pplied. erms, so instruct	(State or country)	
4 h = 3	13. NAME William Cook	
- A PA	14. BIRTHPLACE (city or town). Fairment (State or country)	Name of operation Date of Was there an autopsy?
WIT efully in plain ant.	15. MAIDEN NAME Elizabeth White	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
L II	15. MAIDEN NAME Chyabeth White 16. BIRTHPLACE (city or town) Fairnont (State or country)	Accident, suicide, or homicida? Date of injury, 19
be be impe	(State or country)	Where did injury occur? (Specify city or town, county and State)
WRITE PLAMLY, WI mation should be careful CAUSE OF DEATH in ITION is very important.	17. INFORMANT TOUR STORY ST. (Address) 408, Decatur St. Cit.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sho E OF	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
WRITE mation s CAUSE TION is	Place Mymori Date My , 195 /	Nature of injury.
	19. UNDERTAKER O SULLEY (Address) (Manual Company)	24. Was disease or injury In any way related to occupation of deceased?
S. N.	Chicago Pf Al. M. M.	(Signed) (M.D.
ž Z	20. FILED Still 20, 193 f. J. T. Stending, M.O. Registrar.	(Address) Cumberland, Md,
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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			A

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MOTHER

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OF DEATH

CAUSE

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14. BIRTHPLACE (city or town).

(State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 7 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

Name of operation. What test confirmed diagnosis?_____ Was there an autopsy?___ 23. If death wes due to external causes (VIOL ENCE) fill In also the following:

Accident, suicide, or homicide?______ Dete of injury______, 19__ Where did injury occur?___

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,

24. Was disease or injury In eny way related to occupation of deceased?

If so, specify

BINDING

RESERVED

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ne 25 1937

Manner of Injury

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

STATE OF MARYLAND—CERTIFICATE OF DEATH

CORPORATE CAMPALL OF IN	IANTEAND	126
County Allegany		Registration Dist. No.
Village or City Cumberland. M	(lí	No. Allegany Hospital St., 4-(Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME EVEND. P. Ma		If U. S. Veteran, specify WAR
	ual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH
Female White ORD	LE, MARRIED, WIDOWED, DIVORCED (write the word)	June 22.1937 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of Leslie.Mauk. (or) WIFE of		1 HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Sept.	11.1905	I last saw h alive on, 19; daath is said
	Days If LESS than 1 day,hrs.	the target at Callenge of BEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER; OUSE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and yaar)	Wife 1. Total time (years) spent in this occupation	Subtained absent 6/137 Lough Grunden The operation was derformed for gall- stones and empyemas surfaces
12. BIRTHPLACE (city or town)(Stata or country)	Wva	Other Contributory Causes of importance:
🖺 13. NAME Arnold. Adams		ADO PA
(Stata or country)	vva	Name of operation that the state of the stat
15. MAIOEN NAME M.P. Snodgr	288	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME M.P. Snodgr 16. BIRTHPLACE (city or town)	Wva	Accident, suicide, or homicide?
17.INFORMANT Leslie.Mauk. (Addrass)Cumberland. Id R	out 3	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa P.O.S.Of.A.Pa Date	June. 25, 193	Manner of injury
19. UNDERTAKER John.C.Wolford (Addrass) Cumberland. Md		24. Was diseasa or injury in eny way ralated to occupation of dacaased?
20. FILED June 24, 1957 Dr. J. C	P. Drafiq Registrar.	(Signed) Wh Hodgery M. D. (Addrass) Cumbergery M.

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JUL 7 1937			
Other contributory causes of importance:	الم	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of inforshould state of OCCUPA. PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED FOR BINDING mation should be carefully supplied. -WRITE

V. S. No. 1

1. PLACE OF DEATH	
County Allestanse	Registration Dist. No. 6
Village or City The Bost Ma	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Grances May hory	If U. S. Veteran, specify WAR
(a) Residence: No. Shuce St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH JUNE (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 1/2.	22. I HEREBY CERTIFY, That I ettended deceesed from July 2 1937 to July 22 1937
6. DATE OF BIRTH (month, day, end year)	July
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at 12
89 8 12 1 ady,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carrinoms of Cecum 1937
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J.Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occuration (month end	
year) year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) State or assure (City or town)	
I4. BIRTHPLACE (city or town)	Neme of operation Nous Deta of
(State of country)	What test confirmed diegnosis? Any Seed - Seque Wes there an autopsy? Mo
15. MAIDEN NAME Trances Joyce	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Leng Maylessty Wh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Settley Date June 24, 1937	- Nature of injury
19. UNDERTAKER D. J.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Barton	If so, specify Da A A
20. FILED Jane 6., 193 Al Baymus For M.	(Signed) M. D. (Address) P. O. S. M. D. W. V.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		and a		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
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BUREAU V. S.				
Other contributory causes of importance:	-= 513	Other contributory causes of importance:		
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BINDING

FOR

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Exact properly may so that in plain efully OF DEATH pluods CAUSE

Cumberland. Village or City__ 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Jane. ic enty (or) WIFE of 1367 vec. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than Months 1 day, hrs. or mln. 8 Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, Kelley SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _. Canada 12. BIRTHPLACE (city or town). (State or country) HER Nicklaon. McKenty 13. NAME FAT 14. BIRTHPLACE (city or town)____ (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Geo.B.McKentv 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Longconing 1'd Date June 4. 1 193 19. UNDERTAKER (Address)

(If death occurred in a hospital or institution, give its NAME instead of street and number) If U. S. Veteran, specify WAR_____ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH June. 2. 1937 (Day) (Year) CERTIFY. That I attended deceased from to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset Other Contributory Causes of Importance: Name of operation _____ Date of ___ 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of Injury______ 19_ Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, Manner of injury Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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INK-THIS	should be	it may be	on back of
INK-THIS	E should be	lat it may be	s on back of
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UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
UNFADING INK-THIS	ly supplied. AGE should be	lain terms, so that it may be	See instructions on back of
TI UNFADING INK-THIS	ully supplied. AGE should be	plain terms, so that it may be	t. See instructions on back of
WE UNFADING INK-THIS	efully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
Y, WILL UNFADING INK-THIS	arefully supplied. AGE should be	H in plain terms, so that it may be	rtant. See instructions on back of
LY, WILL UNFADING INK-THIS	carefully supplied. AGE should be	TH in plain terms, so that it may be	portant. See instructions on back of
NLY, WI'MUNFADING INK-THIS	be carefully supplied. AGE should be	EATH in plain terms, so that it may be	mportant. See instructions on back of
MINEY, WITH UNFADING INK-THIS	d be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	important. See instructions on back of
LANLY, WILL UNFADING INK-THIS	uld be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	ry important. See instructions on back of
PLANLY, WILL UNFADING INK-THIS	nould be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	very important. See instructions on back of
E PLANLY, WI'MUNFADING INK-THIS	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	s very important. See instructions on back of
THE PLANKY, WITH UNFADING INK-THIS	n should be carefully supplied. AGE should be	SE OF DEATH in plain terms, so that it may be	is very important. See instructions on back of
RITE PLANLY, WIT UNFADING INK-THIS	tion should be carefully supplied. AGE should be	USE OF DEATH in plain terms, so that it may be	IN is very important. See instructions on back of
-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6238
1. PLACE OF DEATH	1/9
County Telleghour	Registration Dist. No.
Village or City True Very	NoSt.,Ward
(I) Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Lunengs Cl	reton Merick)
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 39 1937	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) With (5 1855)	I last saw hand alive on June 6, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 185. 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Simple aculi Jum 5
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this govenation (month and	Mounisition 1957
10. Dato deceased last worked at this occupation (month and spent in this occupation corupation cor	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Conless Choldin
13. NAME Hourd (Whice	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fromeis Sipole	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Francis Schole 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Word Character (Address) Magnolia, W. Va.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIQUE OR REMOVAL	Manner of injury
Place Date June (1, 193)	Nature of injury
19. UNDERTAKER Walter Hangrote, attenday (Address) Mod Suite - Care Face Face Co. 7	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 10, 1937 - Cathanholt Registrar	(Signed) Affangun M.D. (Address) Pur Pur Mr.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	Julyö 19 m	Personalis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	M. y 13 6 23	Clustroenteritis	1 year
		74	

WITHIN CO	RPORATE WINITS OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	6239
-	County Mlegary.	Registration Dist/No. 4
## \ F.E	Village or City Commenterland:	No. Minnel Atrahate 1/2-6 Ward
o		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth?
Ever CIAN emen	2. FULL NAMERICAN S, Turgoes	If U. S. Veteran, specify WAR
CORD. Every PHYSICIANS oct statement	(a) Residence: No. 376 Artist Art (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TY .	3. SEX 4. COLOR OR BACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day) (Yedr)
IDING MANEN A C T assified	5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of	May 70 137, to June 77, 1957
BIN ERI EX y cl	6. DATE OF BIRTH (month, day, and year) August 11, 1900	I last saw here alive on
	7. AGE Years Months Days II LESS than 1 day,	to have occurred on the data stated above, at 8.28.7.m.
FOR IS A I stated proper!	36 10 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
_ 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oharica Miblini
VE-TI	9 Industry or business in which work was dona, as SILK MILL, / Hall Land	Siere act in Justice
ER TK- shou t m t m		
RESER VG INK— AGE shou that it m ons on ba	10. Data deceasad last worked at this occupation (month and year)	
Z	12. BIRTHPLACE (city or town) Westernbart	Other Contributory Causes of Importance:
GIN 'ADI ed. ns, so truct	(Stata or country)	
MARG UNFA supplied n terms, ee instr	13. NAME Sampson Smiles	
TO	13. NAME Sampson Smiles 14. BIRTHPLACE (city or town)	Name of operation
TT als	(State of country)	What test confirmed diagnosis? Was there an autopsy?
a ii e	E CACO	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
LY VTH	16. BIRTHPLACE (city or town)	Whera did injury occur?
POP	17. INFORMANT mo Anna Priller	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PI shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Marks Com. Date fine 30, 1937	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER Jones Stim Jac-	24. Was direase or injury in any way related to occupation of deceesed?
No.	(Address) Sangland	If so, spedify
N Z	20, FILED June 29, 1937 J. Frankling M. A.	(Signed) M. D. (Address) 122 Do Cullad J
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago	
RISEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH		Registration Dist. No.	4
Village or City Comments	Nerland	ND. 804 mchan Model death occurred in a horpital or institution, the its NAME instead of str	St., 6-6 Wa
Length of residence in city or town where de	eath occurredmos	ds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NAME Dal	ly of Mill	esm If U. S. Veteran, specify WAR	
(a) Residence: No. 1804	William gay	Ward. If nonresident give city or to	own and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
Hamale Handle	5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193_7_ (Yeer)
. If married, widowed, or divorced	1.10.		
HUSBAND of John M. S	nllrson	22. I HEREBY CERTIFY, That is	attended deceased f
DATE OF BIRTH (month, day, and year)	mal 30 1866	I last/saw h - Salive on Seene 20,	1937; deeth is:
AGE Years Months	Deys If LESS than	to heve occurred on the date state above, etm.	
71 2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importa were as follows:	Date of on
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Insinite	Chronic Valer	en 19
kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		Henry Disen	2
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
	0026	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town)	11. Va .	Chiduc acomp	will !
13. NAME Itm/ Itan	nla		.01
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	M. Va.	Name of operation	Dete of
15. MAIDEN NAME Cossoline	Small	23. If death was due to external causes (VIOLENCE) fill in also the	following:
15. MAIDEN NAME OSSIGNAL 16. BIRTHPLACE (city or town)	on !!	Accident, suicide, or homicide? La Date of injur	
(State or country)	Fr. Va.	Where did injury occur?	
7. INFORMANT John M. Y	nelleson	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or In PU	JBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	una	Manner of Injury LD	
Place Hillcrost Co	4 Daje Kunt VV193	Nature of injury	
9. UNDERTAKER (Address)	There deco	24. Was disease or injury in eny wey releted to occupation of dece	eased? In
10. FILED June 2, 1937 dr.	Dr. P. Franklin	(Signed) 25 C	weigh

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 2.

(Address)

Registrar.

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BURBAU V. S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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THIN CORI	PORATE LINITASTATE OF MARYLAND	CERTIFICATE OF DEATH 6243
THIS TO RI	1. PLACE OF DEATH	<u> </u>
	County HILLEWANT	Registration Dist. No. 4
item of should of OCC	Village or City Comp ERLAND	No. ALLE GANY HOSPITAL St., 4-/ Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
t S	Length of rasidence in city or town where death occurredyrsmos	
Cord. Every PHYSICIANS	2. FULL NAME AND REWELL	stillbout U. S. Veteran, specify WAR
SIC ate	(a) Residence: No.	St. Ward. Bowling Buen - P. D.
HY:	(Usual place of abode)	If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
×	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
CTI ified.	5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
ass	(or) WIFE of	June 2/ 1937 to Sure 2/ 1937
	6. DATE OF BIRTH (month, day, and year) 6 - 21-31	I last saw h. 1772 allye on Stellbarre 19 deeth is said
rly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 944 a.m.
properly certificate.	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
pr	8 Trade profession or particular	Were as rollows:
of of	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cerebrial birth incher 621-37
may	9. Industry or business in which work wes done, es SILK MILL,	(force 103 appearation)
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
Ou	11. Total time (years) this occupation (month and year) year) occupation	
	A 0	Other Coatribatory Causes of importance:
instructions	12. BIRTHPLACE (city or town). CUMOERLAND (State or country).	Alat neline
110	" 13. NAME CHESTER DEVEN NEWELL	- 1224 2000 2
	E (& (. O . a .) D	Name of operation down Aprice ps Date of 6 -2/-37
See	14. BIRTHPLACE (city or town)	What test confirmed diegnosis?
نب	E 15. MAIDEN NAME I CON & SORAN KEPUNTA	23. If death wes due to external causes (VIDLENCE) fill in also the following:
y important.	E No. 10 Aires	Accident, suicide, or homicide?
por	16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
very im	17. INFORMANT CHESTER NEWERL	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL CREMATION OR REMOVAL	Manner of Injury
IS.	Place MAN Leasant Date June 22 , 1937	Neture of injury
TION	word wat dalos	24. Was disease or injury in eng wey related to occupation of deceased?
CAUSE TION is	19. UNDERTAKER (Addgess) Cumbriland MD	If so, specify
	20. FILED June 22, 19. 37 Do J.P. Franklin Registrar.	(Signed) Ce Thue 7. Joyes M. D. (Address) 40 2. Librat St.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting y. S. No

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MARAII V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
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Example I		li	Example II	
The principal cause of death and related causes of importance were as follows: 1937	Date	of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	111	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrotis	1 12	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juh	y5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	Mag	y 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

BINDING RESERVED ARGIN

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	the tast
Gallistones	May 1,1923		1 year
		The Hotel	750.21

\mathcal{A}	1. PLACE OF DEATH	93-6
	County Allegans .	Registration Dist. No.
	Village or City lemmestand	No. 220 M. Lee St., 1-2 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) 23 ds. How long in U.S. if of foreign birth?mosds.
	2. FULL NAMES lond Wilson, Patterson	If U. S. Veteran, specify WAR
	(a) Residence: No. 220 B. Lee	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Minte Samuel	21. DATE OF DEATH (Month) (Day) (Year)
5	a. If married, widowed, or divorcad HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
	(or) WIFE of Bucher madry	1-14-1937, to 6-23-1957
6	5. DATE OF BIRTH (month, day, and year) Supply 30 1905	I lest saw h. Lasalive on 4 7 7; death is seid
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:45 Am.
	31 8 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance / were as follows: Data of onset_
2	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	And
	SAWYER, BDOKKEEPER, etc.	The suconico .
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Lest bundle travel
1	- P Spelle III Citis	(Lelocta)
	year) occupation	Other Contributory Causes of importance:
1	12. BIRTHPLACE (city or town) ammunand Control (State or country)	132
0		W Ventho Memour
7		Name of operation. Thore Date of
V L	(14. BIRTAPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy? W
0	15. MAIDEN NAME (Ingalith Wilson)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(State or country) And.	Where did injury occur?
1	7. INFORMANT Louis Stein Date:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Work Joll Com Date June 73, 1931	Neture of injury
	19. UNDERTAKER Koms Stem Inc.	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Compagand	If so, specify
	20. FILED JUNE 24, 1937 J. V. Franklin, M. W	(Signed) A M. D
ì	Registrar.	(Address)

*

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE mation

V. S. No. 1

TION

CORPHAGE

County Village or C

Length of resi

OCC

of

STATE OF MARYLAND	CERTIFICATE OF DEATH 6248
PEATHER SAME	Registration Dist, No. 4
ity lungeologied, Md	No. Demond Sorpital - 6 Ward death occurred in a hospital or institution, give its NAME/instead of street and number)
dence in city or town where death occurred yrs. mos. ME Drs. Amarda Ple	ds. How long in U.S. If of foreign birth?
ce: No. Cedycly, Vr. Va. (Paual place of abode)	St., Ward. If nonregions give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
Mr. David C. Plek	22. I HEREBY CERTIFY, Thet I ettended deceased from 1937, to 1937
(month, day, and year) June 21-1882	I last saw h et aliva on June 13, 19 37; death is seid
oays If LESS than I day,hrs.	to have occurred on the date steted abova, atAm. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
ssion, or particular	were as follows:

2. FULL NA (a) Residen PERSON 3. SEX 5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE 5 8. Trade, profe OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 11. Total time (years) spent in this 10. Date decaased last worked at this occupation (month and occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicida? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury. 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
301 7 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MIN COSTARTE OF MARYLAND	CERTIFICATE OF DEATH 6249
1. PLACE OF DEATH	(30.20)
County allegany	Registration Dist. No. 4
Village or City & Auland	No. allegany Hospital St. 4-1 Ward
/1-1 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long th U.S. if of dereign birth? yrs. mos. ds.
2. FULL NAME Edua Jeona Teis	If U. S. Veteran, specify WAR
(a) Residence: No. 418 Holland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Geer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph Persons	22. HEREBY CERTIFY, That I ettended deceased from
	6/1/3-1,19,10
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
4-71 0 10 ormin.	were as follows:
8. Trade, proféssion, or particular kind of work done, es SPINNER, Lause Works SAWYER, BOOKKEPER, etc.	Cente Caraine delatation -
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security is security in this security in this security is security in this security is security in the security in this security is security.	Cystic degeneration of interna Civish
work was done, as SILK MILL, SAW MILL, BANK, etc.	The vaginal opening into the uterus had become
10. Date deceased last worked et 11. Total time (years)	. orcheded, bringing about a retention of blood of other.
o this occupation (month and year)	reterine secretioning due to emporation of carrow, several.
O. Carolada	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	retorded, but for a sistic condition of the
E ON WITH	internal lite tee exact 6/1/2)
4 14. BIRTHPLAGE (city or town) Sheparatown (State or country)	Name of operation.
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Hamah Homes 16. BIRTHPLACE (city or town) Cumberland (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
The state of the s	(Specify city or town, county and State)
17. INFORMANT (Address) 4/8 Bollant - Cumb	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St Peters & James Date June 17, 1937	Nature of Injury
0, 24, 0,	
19. UNDERTAKER 19.00	24. Was disease or injury In any way related to occupation of deceased?
(Address) (Cumberland list	If so, specify OPER 18 COLUMN 100 HD
20. FILED June 16, 1937 ds. J. P. Franklin	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNDAII V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Cleg	mj	Registration Dist. No. 4	
Village or City dr V	ale Combiles My	1 No. Ta Valle Sun St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence In city or town where	1//	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Souls	- I In la Pole	200 If U. S. Veteran, specify WAR 220	
(a) Residence: No. Sulv	(Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day), 193	year)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of	yest	22. I HEREBY CERTIFY, That I attended dece	ased from
5. DATE OF BIRTH (month, day, and year)	hall 11860	1 last saw h alive on 19 : de	
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4-, 10 fm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trade, profession, or particular	20 ormin.	were se follows:	te of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Male Inn		-/1-/
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	,	
12. BIRTHPLACE (city or town) (State or country)	va,	Other Centributory Causes of importance: A Solve State Cardon—	5-70.
13. NAME Dele	ram (First Rame		
13. NAME 14. BIRTHPLACE (city or town)	know Urbugan	Name of operation Date of	
(State or country)	mon,	What test confirmed diagnosis? Was there an autop	sy?
15. MAIOEN NAME	- Ju	23. If death was due to external causes (VIOL ENCE) fill in also the following:	12/11/
15. MAIOEN NAME 16. BIRTHPLACE (city or town). 24.	there a	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT (Address)	everd Koberso	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Front Dury, M.	1, Date Jene 31, 19 37	Manner of Injury	
19. UNDERTAKER (Address)	Ine world and	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILED June 21, 19 3 7 1	9. J.P. tranklen Registrar.	(Signed) British (Address) 41 Sales Pt	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 31 L 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6251
1. PLACE OF DEATH	131)
County Illegany	Registration Dist. No.
Village or City X Machine	No. St. Ward
Length of residence in city on town where death occurred 7 Jyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME 19 slecca Habert	WW If U. S. Veteran, specify WAR
(a) Residence: No. muconing, Atriglas	Care. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Hillowed	21. DATE OF DEATH 9 47 (Month) (Day) (Year)
5a. If married, widowed, or diverced	
(or) WIFE of Joseph Movertson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 12, 1867	I last saw her alive on June 19 7 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
70 - \ 27 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Hemorrhage June 6 15
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration growth and the second in this second in t	
o late deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Waryland (State or country)	mount alpassus
13. NAME Thereds Lolinston	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Conne Harrey 16. BIRTHPLACE (city or town) B. Jan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Boller provod	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MY CABLLESING (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Wall Custley Date John Delly, 1997	Nature of injury
19. UNDERTAKER # Cichhour (Address) Tonacinug Mrs.	24. Was disease or injury In any way related to occupation of deceased? Dr
20. FILED June 1/ 137 D. E. One I for	(Signed) Henry In. Hodyson y M.D.
C Registrar.	(Address) Trucky , In
If more blanks are needed address State Peristran	2411 N. Charles Street Baltimore Requesting 7) S. No. 1

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Chronic interstitial nephritis	1921	Run over by street can	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritts	1 year
		40	

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The principal cause of death and related car of importance were as follows:	- 17	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TEECEIV	1,915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	v 8.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenięritis	1 year

State State OO.	PORATE LIMISTATE OF MARYLAND	CERTIFICATE OF DEATH 6253
	1. PLACE OF DEATH	17
M of M	County Megapry.	Registration Dist. No.
item sho	Village or City Commercial (If	No. Manarmal Andriand St., 6-6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME James Edward Serf.	If U. S. Veteran, specify WAR
D. SIC	(a) Residence. No. 610 Salene	St., Ward.
HY	(Usual place of abode)	If nonresident give city or town and State
PF PF xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT R L Y.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
ING NNEN CT I	5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, Thet I attended deceased from
BIND ERMA EXA y class te.	Themas O. wayon	6. 11 ,1937,10 6:,4. ,1937
BID EXER EX te.	6. DATE OF BIRTH (month, day, end year) And 3 1913	I lest sew h malive on
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et
FO] IS state prop	24 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trede, profession, or particular kind of work done, as SPINNER,	
ED her	SAWYER, BOOKKEEPER, etc.	touce phalitis -
RESERVE G INK—TH GE should I that it may I	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	5.78.
INK INK sho t it i	10. Date deceased lest worked at 11. Total time (years)	retharge a
RES INGE ITHAT	this occupation (month and 2937 spent in this occupation //272	<u> </u>
F A A A E I I I I I I I I I I I I I I I I	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
GIN 'ADI	(Stete or country)	
NFADING NFADING pplied. AG erms, so that instructions	II 13. NAME Almin R. Sert	
	I	Name of operation
M. M. Su ain t	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? ———————————————————————————————————
	II 15. MAIDEN NAME / world & Cooks	23. If death was due to external causes (VIOLENCE) fill in elso the following:
be careful EATH in important	15. MAIDEN NAME Wolas in Cooks. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
LY	State or country)	Where did injury occur?
	alair R Seel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
	17. INFORMANT COMMENTS St.	Specify whother injury decerting in integer in, in nome, or in robello react,
g O _	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
TTE on SE SE X is	Plece Marchall Casad Date 0/7 1937	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Lowis Stein Inc.	24. Was disease or injury in eny way related to occupation of deceased?
TCH T	(Address)	If so, specify 14.4.
S. P.	assure News 2 de 1 Pf hl-	(Signed) To Mula Ad M. D. A
Þ (N	20. FILED Hune 4, 195 / M. L. Translin Registrar.	(Address) Luisbarean Ma
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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. S. J.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state Every item of infor-

plnods

UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

EXACTLY.

stated

AGE should be

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

1.	PLACE OF DEATH		185	
	County Allegusny	1. /	Registration Dist. No.	
	Village or City Comme	Hrland (1	death occurred in a horpital or institution, give its NAME instead of stree	t., 4 -/ Ward
	Length of rasidance in city or town where death		ds. How long in U.S. if of foreign birth?yrs	
2.	FULL NAME transis or	arion Shar	If U. S. Veteran, specify WAR	
	(a) Residence: No. 451/2 8	mechanic.	St., Ward.	
		(Usual place of abode)	If nonresident give city or tow	
Cr	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEAT	ГН
. SE		INGLE MARRIED, WIOOWED, R DIVORCED (write the word)	21. DATE OF DEATH TUNE. 27	7 100 7
7	f married, widowed, or divorced	smale	(Month) (Oay)	(Year)
e. II	HUSBANO of (or) WIFE of		22 I HEREBY CERTIFY, That I ette	anded decaased from
_	(0) ##12 0		Sune 23, 1957, to June :	26 ,1937
D	ATE OF BIRTH (month, day, and year)	e 7 1937	I last saw her alive on Jun 26 19	77; death is said
AC	GE Years Mopths	Oeys If LESS than	to have occurred on the date stated above, et3_A:_m.	
		20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Oate of onset
	8. Trade, profession, or particular kind of work done as SPINNER.		P	Oate of office
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	ml	Homow hags	6/23/
1	work was done, as SILK MILL, SAW MILL, BANK, etc.		from lepper que	1.
1	10. Oata deceased last worked at	11. Total tima (years) spent in this		
	this occupation (month and year)	spent in this occupation		
1	BIRTHPLACE (city or town)	land O.	Other Contributory Causes of Importanca:	
	(Stata or country)	md.	Cux by frager hars	0
	13. NAME Yound & Sh	aren	0/ 511/- ((Reported)	
	14. BIRTHPLACE (city or town)	0	Name of operation 2 one Det	e of
	(State or country)	And.	What test confirmed diagnosis? Was then	re an autopsy?. M.
	15. MAIDEN NAME / rrgmma	Draham	23. If deeth wes due to external causes (VIOLENCE) fill in also the fol	liowing:
	16. BIRTHPLACE (city or town))	Accident, suicida, or homicide? Date of Injury	19
1	(State or country)	ra.	Where did injury occur?	
. [NFORMANT John L. Shan	4).	(Specify city or town, county as Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBL	IC PLACE.
0 0	(Address) fromthe	and		
ŏ. B	Place Processing of REMOVAL	ite Inne 29 1987	Manner of Injury	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	C. L.	192.	Neture of injury	7.
9. U	INOERTAKER Trans Alesa	The:	24. Was disease or injury in any way related to occupation of decease	d?_// J ·
	(Address) Immle	rand in h	If so, specify	
	ILED June 29, 19 37 J. J.	+1 bla. 111	(Signed)	a M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . 7 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUSEAU .	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 625.5
st.	1. PLACE OF DEATH	O 9.4
-	County allegans	Registration Dist. No.
should f OCC	n/	
sho of O	Village or City 130 haer yard	NoSt., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred the hospital of institution, give its 14-Aivie instead or strees and number) ds. How long in U.S. if of foreign birth?yrsmos
en en	0/1	
PHYSICIANS oct statement	2. FULL NAME ames thee	If U.S. Veteran epecify WAR
SI sat	(a) Residence: No. 180 de las	St., Ward.
XH.	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
X	male OR DIVORCED (prite the word)	(193)
Ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
A C T l	HUSBAND of 800	22. I HEREBY CERTIFY. That I ettended deceased for
A	(1) Mitt of bellen Hamilton Thea	- 2019 Cto 7 193
C X	6. DATE OF BIRTH (month, day, and year) Was 21 1858	I last saw h alive on 19 death is s
stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than	
ted fic	1 day bre	to have occurred on the date stated above, at
stated properliertifica	79 3 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date olon:
	Z . Trade, profession, or particular	Pulmonas Hemorrhuo
be of	6 kind of work done, as SPINNER, Goal Willer SAWYER, BOOKKEEPER, etc. Goal Willer	Cause not bonson. Them
ould may back	9. Industry or business in which work was done, as SILK MILL, Coal Turines. SAW MILL, BANK, etc	Sudden Wedth - 175
shoul it ma n bac	SAW MILL, BANK, etc.	0110-0 +1 1 1103
	U 10 Date deceased last worked at 11. Total time (years)	- Grabably Dulmonary Tolerculosis 192
	this occupation (month and 1921 spent in this occupation 40	Auration : Unknown, as death was suddon.
	8000	Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town) (State or country)	
ns, tru		
ppli prinsips	I 13. NAME Muchael Shea	
supplied in terms,	14. BIRTHPLACE (city or town)	Name of operation Dete of
.⊒ 20	(State or country)	What test confirmed diagnosis? Was there an autopsy?
carefully H in pla ortant.	15. MAIDEN NAME Bathering Pouren	
be careful EATH in primportant.	I	23. If death was due to external causes (VIOLENCE) fill in also the following:
can TH port	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
P T d	State or country)	Where did injury occur?
	17. INFORMANT Throw Shea -	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
hould OF D	(Address) Borden M	
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place St. Michaels Date June 9, 1937	
ation s AUSE ION is		Nature of injury
I A P	19 HINDERTAKER Jacob Hakes.	24. Was disease or injury in any way related to occupation of deceased?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

if so, specify

(Address) ...

Ward

_____ds.

ended deceased from

....; death is seid

Date ol onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	. 301 0	1 year
		BURN	

Gleuse. Let me know if classified T. 13 . Black

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	
County allegany.	Registration Dist. No.
Village or City Frattlera	No. 98 6. Zurain St., Ward
Langth of rasidenca In city or town whera daath occurry 3 4/yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
and and	
2. FULL NAME Wim Slams Sheet	If U.S. Veteran apecify WAR
(a) Residence: No. 986. Ward place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write-the word)	21. DATE OF DEATH June 21
more waite married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Puth Warm Shields	22. HEREBY CERTIFY, That I ettended deceased from
warn Julian	uly 5 ,1935, to June 7/ ,1957
6. DATE OF BIRTH (month, day, and year) Way 3, 1903	I fast saw h_ alive on said
7. AGE Years Months Dys If LESS than I dayhrs.	to have occurred on the date stated above, at 12:40 m.
34 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada, profession, or particular kind of work done, as SPINNER, Line Keefser	The state of the s
kind of work done, as SPINNER, June SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Construction SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Juliannais Julianis (1933
9. Industry or business in which work was done, as SILK MILL, Construction bout	•
shall till till 2	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E P. S. S.	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
IS MAIOEN NAME THAT A A A A A A A A A A A A A A A A A	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sololor	Accident, suicide, or homicide?
(State or country)	Whera did injury occur?
17. INFORMANT Putt Shields	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 986. Warn Frostburg W	<u>/</u>
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Alleg Com Oate Jun 224955/	Nature of injury
19. UNDERTAKER Jacol Hafen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hosting the	If so, specify
20. FILED Line 23, 1937 long france, Registrar	(Signed) M. D. (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		182.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Take tree	May 1,1925	Borne Land	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. d. Every item of infor-UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WIT. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6257
1. PLACE OF DEATH	92.0
Country Tilly grand	Registration Dist. No.
Village or City Mt Dank ge	No. M Sarage St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LEVA LEATH Shrow	ev If U. S. Veteran, specify WAR
(a) Residence: No. mt Savage	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) 5a. If married, widowed of divorced/ 5b. If married, widowed of divorced/ 5c. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeghr)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lune 3, 190 6	I st saw h LT alive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et _/m
33 0/ /b 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Jame Wife SAWYER, BOOKKEEPER, etc.	milial Reamontation
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	4
mx Sarace	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Caute Siletelin Attent
13. NAME LAWARD MASSING TO CO	Ingrance bus
14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Date of Wes there en eutopsy? Date of
15. MAIDEN NAME MAG INCLUSION 16. BIRTHPLACE (city or town) Townset Co	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Jonathaet Co	Accident, suicide, or homicide?
17. INFORMANT COUNTRY) 17. INFORMANT COUNTRY)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mt Sarage mc	
Place M Sanage Male June 13937	Manner of injury
19. UNDERTAKER 2 21 / Sulty (Address) Combail and 2006	24. Was disease or injury In any way related to occupation of deceased?
20. FILED AND FT., 13 J. At & Bostolle M. S. Resistrat.	(Signed) — M. D. (Address) DAY Saufal M. D.
TO TO THE TOTAL	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Chronic interstitial nephritis JUL 2 19	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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THE PERSON OF THE PROPERTY OF	NK-1	should
1	G I	GE
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5	VFA	plied
	In a	dns
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOF	mation should be carefully supplied. AGE should be stated EXACTLY. PHY
	LY,	car
	E	be
	PLA	hould
	TE	n s
	-WR	matio

FSICIANS should state 3D. Every item of infor-

statement of OCCUPA-

Exact

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY

V. S. No. 1 N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6258
////	Registration Dist. No.
Village or City Piniey Grove	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsn	(If death occurred in a norpital or institution, give its NAME, instead of street and number) 108. How long in U.S. If of foreign birth?
2. FULL NAME Am	th
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sence 1, 1937	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Still form
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	premature
No compation of the company of the c	
12. BIRTHPLACE (city or town) - Maryland	Other Centributery Causes of importance:
13. NAME Clery W. Amith 14. BIRTHPLACE (city or town) Permaytrama (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an eutopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Pulda J. Jay 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clery W. Smiths (Address) artemas	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Larver Cimele, Date June 193	Nature of Injury
19. UNDERTAKER Sphram Smith	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 1 , 19. 37 J. J. Manna Per MEM. Deat Local Registrar.	(Address) f and Orleans, M.J.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	CONTRA	
- Parties	Other contributory causes of importance:	
May 1,1923	Gastroep exilis 1937	1 year
	The state of the s	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonits Other contributory causes of importance:

CORPORATE LISTATE OF MARYLAND—CERTIFICATE OF DEATH

6259

Length of residence in city or town where death occurred yrs	
Length of residence in city or town where death occurred	1
Length of residence in city or town where death occurred yrs	_/ Ward
(a) Residence: No. PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WiFe of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SPINNER, SAW FR. BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) MEDICAL CERTIFICATE OF DEATH MONTH, Day 1 day Month) Day 1 1 ast saw h.E.R. alive on 1 ast saw h.E.R. alive on 2 19.3 7, to 1 here E BY C E R T I FY, Thet I attended 1 day	
PERSONAL AND STATISTICAL PARTICULARS S. SEX	
S. SEX 4. COLOR OR RACE OR DWORCED (write the word) Winter of Correct Wife of Wife of Correct Wife of Wife of Correct Wife of Wife o	l State
OR DIVORCED (write the word) Month CDay	
22. I HEREBY CERTIFY, Thet I attended (or) WIFE of (or) W	, 193 7
HUSBAND of (or) WIFE of (or) WI	(Year)
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Mast saw h.E.L. alive on James 2-9, 1937 The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Drimary Cause of the acutal nephratical and the same occupation of the country of t	deceased from
8. Trede, profession, or particular kind of work done, as SPINNER, Amble SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation Other Coutributory Causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH AND TO THE WORLD AND TO THE WO	; death is seld
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) 13. Trede, profession, or particular were es follows: 14. Trede, profession, or particular were es follows: 15. Trede, profession, or particular were es follows: 16. Market and Service of the accutal mapping and the serv	
8. Trede, profession, or particular kind of work done, as SPINNER, Amelian of work done, as SPINNER, Amelian of work done, as SPINNER, Amelian of the acutal magnitude of the	Date of onset
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year) occupation Other Contributory Causes of importance: Other Contributory Causes of importance: Occupation Other Contributory Causes of importance: Occupation Other Contributory Causes of importance:	
occupation other Contributory Causes of importance:	188
occupation other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town) Brogantonen A Jante frammohymators mythe	-
	1 /3
(State or country)	4
13. NAME 14. BIRTHPLACE (city or town) Name of operation Date of	
14. BIRTHPLACE (city or town) Date of	
(State or country) What test confirmed diegnosis? Was there en	eutopsy?_//
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	g:
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	, 19
(State or country) Where did injury occur?	
(Specify city or town, county and St 17. INFORMANT 17. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL / Manner of Injury	
Place Hillorest len, Date July 1, 19.37 Nature of Injury	
24 Was disease or Injury in any way related to occupation of deceased?	No.
19. UNDERTAKER AND All (Address) (Address) If so, specify	~
Of the Signed It was summer	
20. FILED July 4 , 1937 - J. Cantling / W. (Address) 6 7 N. Canta /	50

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.—WRITE

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	PLACE OF DEAT		JI MAKILAN	D C	ERTIFICATE OF DEATH	5260
	County al	les	11-11 ·		Registration Dist. No. 6	
	Village or City	Palla	2 /			Ward
		0.			ath occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Length of rasidenca In cit	y or town whara	death occurred yrs	mos/_	7ds. How long in U.S. if of foraign birth?yrsmo	sds
2.	FULL NAME	Many.	alice)	mil	If U. S. Veteran, specify WAR	
	(a) Residence: No	A	(Usual place of abode)		St., Ward. If nonresident give city or town and	State
	PERSONAL ANI	D STATIST	ICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SET	4. COLOR	or RACE	5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w		1. DATE OF DEATH JUNE 130 (Month) (Day)	, 193] (Year)
	HUSBAND of (or) WIFE of		0	22	MAY 30 ,1937, to JUNE 17	deceased from
6. DA	TE OF BIRTH (month, day	, and year)	may 301	1.1.1	l last saw her alive on June 17 , 1937	; death is sal
7. AG	E Years	Months	Days If ESS 1 day,	hrs.	to have occurred on the date stated abova, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance	
NOIL	8. Trada, profession, or pa kind of work done, a SAWYER, BDDKKEE	rticular as SPINNER,	1 /// orn	iin. v	spina Bifeda	Date of onset
OCCUPATI	9. Industry or businass in work was done, as S SAW MILL, BANK, e	which				
200	D. Date deceased last work this occupation (monyaar)	ked at	11. Total tima (years) spent in this occupation		3	-
12. B	IRTHPLACE (city or town). (State or country)	Ja	le mid.		Other Contributory Causes of Importance:	
E 1	3. NAME Love	Smi	thi			
E	4. BIRTHPLACE (city or to	wn) Ha	nisonburg		Name of operation	-
<u>ا ت</u>	5. MAIDEN NAME	Lsie	Aichen		3. If death was dua to external causes (VIOLENCE) fill in also the following	_
MOTHE	6. BIRTHPLACE (city or to	A C (UM	verville		Accident, sulcide, or homicide? Date of injury	
Σ .	(State or country)		72	1	Where did Injury occur?	
17. 18	(Address)	Suke	rith.		(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. B	URIAL, CREMATION, OR	EMOVAL		_ ~	Mannar of Injury	
	Place Much	12 Chom	Date (MAL) 8	19.2.	Nature of Injury	
19. U		10.	word.	2/	4. Was diseasa or injury In any way related to occupation of deceased?	no
	(Address)	Bass	Day Md	- 1	If so, specify	

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 311 8 1367	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

classified.

should be

CAUSE OF DEATH in plain terms,

mation should be carefully

STATE OF MARYLAND-CERTIFICATE OF DEATH

6261

1. PLACE OF DEATH	(183) AND
County Allegann.	Registration Dist. No. 4
Village or City Comments of	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Profinell miles &	Smith If U. S. Veteran, specify WAR
(a) Residence: No. Pry Sh. (Usus place of abode)	St., Ward. Ridglen M. Va
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DINORGED (write the wo	ord) Inne 72 1937
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
9	, 19, 19, 19,
5. DATE OF BIRTH (month, day, end year) Sehl 2 19	I lest saw h; deeth is si
7. AGE Years Months Days if LESS	to more described on the date decided about the control of the con
6 9 90 I dey,	in ware as follows:
8 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	recidentally
kind of work done, as SPINNER, SAWYER, BODKKEPFR, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at bis occuration (month and	
SAW MILL, BANK, etc	9/ rowned: 6/2:
this occupation (month end spent in this year)	tobile bothing o in the Potomse River ougo
RIP	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	There was no trat invalved.
13. NAME OUL Smile	
13. NAME Dee Smith 14. BIRTHPLACE (city or town) Elbrins (State or country)	Neme of operation
(State of Country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME IN DANCE	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Assidents. Date of injury
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ble Smith	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Pragly //	Va in public place - Sotomoc Rivers
18. BURIAL, CREMATION, DR REMOVAL Place / Lilensh Limbate 6/24, 19	9.7. Nature of injury Assidestally decoursed a while bothing a
19. UNDERTAKER Lomis Stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify \nearrow \nearrow \nearrow \nearrow \nearrow
0. 24 220 P F. 10: m	(Signed) 100 Varely an evi on a
20. FILED June 3. 4, 1957 July Base Plus III.	Harris De Contraction of the Con

V. S. No. 1

MARGIN RESERVED FOR BINDING

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WEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

G	2	0	6)
U	4	U	6

1. PLACE OF DEATH		(3)	
County Measury		Registr	ation Dist. No. 12
Village or City Made all	ud	No	St., Ward
Length of residence in city or town where deeth		death occurred in a hospital or institution, give itsds. How long in U.S. if of foreign bir	
	AT 1		
2. FULL NAME	marem	If U. S. Veteran, specify W/	\R
(a) Residence: No.	(Usual place of abode)	St., Ward.	esident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFIC	
	INGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	4 4 4
mall white	OR DIVORCED (runite the word)	(Month)	(Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	t	1 /2 /2 4 12	TIFY. That I attended deceased from
Q ₁	Danne 24.37	I last saw hat alshed on b	10.6/29 , 19.17
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Davs If LESS than	to have occurred on the date stated above, at	19.31 ; death is said
0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.		aclampsia	6/27/17
S. Irace, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc			7-7-7-
work was done, as SILK MILL, SAW MILL, BANK, etc.	11 Tatal time (upage)		
this occupation (month and year)			
Ja : Mari	d med	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)			
	tahaw .		
E 20 - 1/4	Tand med	Name of according	Date
14. BIRTHPLACE (city or town) (State or country)		Name of operation What test confirmed diagnosis?	* •
15. MAIDEN NAME CINIA Ur	ba	23. If death was due to external causes (VIDL E	
15. MAIDEN NAME Curva Lur 16. BIRTHPLACE (city or town) Dale (City or country)	frammet hed	Accident, suicide, or homicide?	
Stata or country)	- Pri	Whera did injury occur?	
17 INFORMANT Clement Stakeni.		(Specify Spacify whether injury occurred in INDUSTRY	city or town, county and State), in HDME, or in PUBLIC PLACE.
(Address) Mushus	y mil		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Da	ate 4/24 1937	Natura of injury	
19. UNDERTAKER	Hahr	24. Was disease or injury in any way related to	occupation of deceased?
(Address) Madle	d. ma.	If so, specify	manuel
20. FILED Tube 24 1937	R / Stake	(Signed)	м. р.
	O Registrar.	(Address)	ug va.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

HOPSTRADINITIN,	MARYLAND-	CERTIFICATE OF DEATH 6263
1. PLACE OF DEATH		(8)
County allegans		Registration Dist. No.
01.11	1 md	
Village or City Communication		No. Ollegans Ward St., 4 / Ward f death occurred in a horpital of institution we its NAME instead of street and number)
Langth of residence in city or town where deat		
2. FULL NAME mules	auch take	If U. S. Veteran, specify WAR
D- (1)	lated made	
(a) Residence: No. 7970000	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male deets	OR DIVORCED (write the word)	(Month) (Day) (Tear)
5a. If married, widowad, or divorcad	And The	(Month) (Day) (Teal)
HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY, That I attended deceased from
		Jun 6. , 19.27 , to Jun 6 , 1927
6. DATE OF BIRTH (month, day, and year)	M7-1880	I hast saw h alive on, 19; daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the data statad above, atm.
57	30 1 day,hrs.	The Fixed Country of the Country of
8. Trade, profession, or particular	00 01	wara as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	at Cutter	a de la constante de la consta
Industry or business In which		Mari 1 Houll L
work was done, as SILK MILL, BANK, atc.	when shops	- Moure In certical preparate
10. Data deceased last worked at this occupation (month and	11. Total tima (years)	Casa Thank
year) 12-13-7	occupation	- Survey was the
midla	ud- mid	Other Contributory Canada of Importance:
12. BIRTHPLACE (city or town) (Stata or country)		to the state of th
13. NAME Daniel Sta	kem	fourt of passes
E 0/	ud.	Name of operation 22 Data of
(Stata or country)	***************************************	What tast confirmed diagnosis? 3 Was there an aulopsy?
	urne	23. If death was due to external causes (VIOLENCE) fill in also the following:
E Ocal Said		Accidant, suicida, or homicide? Data of Injury 19
O 16. BIRTHPLACE (city or town) (State or country)		Whera did Injury occur?
(State of Country)		(Specify city or town, county and State)
17. INFORMANT		Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) (18. BURIAL, CLEMATION, OR REMOVAL Cornel	w 0 6	A Manage of Leiture
Place for a threat min	Date Jaine 1 103	Menner of Injury
D C D	1	Neture of injury
19. UNDERTAKER D.O.Bric		24. Wes disease or injury in any way related to occupation of daceased?
(Address of some a chart in al	mel.	If an apparitu

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11.—The number of years the deceased followed the occupation.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL			
1			
Other contributory causes of importance:	Tree it	Other contributory causes of importance:	E Value
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TIME E TITA	1. PLACE OF DEATH	CERTIFICATE OF DEATH
of in old soccu	County ALLEGANY	Peristanting Diet No.
	OTHER THE AND	Registration Dist. No.
sh		No. St., 6-6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
क देख	Langth of residence In city or town where death occurredyrsmos	2ds. How long in U.S. if of foreign birth?yrsmosds.
(D. Every YSICIAN) Statement	2. FULL NAME CIARA SWISHER	If U. S. Veteran, specify WAR
SIC sate		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
REE. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RI Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Prince All	21. DATE OF DEATH
L'NT.	FEMALE WHITE ON BIVORCED	(Month) (Day) (Year)
DING ANEN A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2. I HEREBY CERTIFY, That I attended deceased from
EXA C y classi	12.1./	1937, to 1937, 193
BI E E Iy ate.	6. DATE OF BIRTH (month, day, and year) APRIL 30, /9/6	I last saw h aliva on ; death is said
R A A ted	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 8 2 4 0 m.A. N. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR B. IS A PE stated E properly certificate	21 / 28 ormin.	were as follows:
- 70	8 Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clental allow
	A Judustry or business in which	MI WERD LUNCH
	work was done, as SILK MILL, SAW MILL, BANK, etc	The second second
G INK-GE shouthat it mans on ba	10. Data deceased last worked at this occupation (month and spent in this	That operation was performed for 3 Telice in-
REG I	yaar) occupation	- flammation . Not some plicated by a purperal condition.
IN A P	12. BIRTHPLACE (city or town) WEST VIRGINIA	Other Contributory Causes of importance:
GIN 'ADI ed. is, so truct	(State or country)	Petroco I
NEGIN RENEADING Polied. AGA	TAYLOR SHROUT	
MAR UNF suppli	13. NAME TAYLOR SHROUT 14. BIRTHPLACE (city or town) WEST VIRGINIA	Name of operation level the Data of 6 /36/3
·= 50	(State or country)	What test confirmed diagnosis? Of the Was there an adtopsy?
WITH efully in pla	15. MAIDEN NAME BESSIE MULLIN	23. If death was due to extarnal causes (VIOL ENCE) fill in also tha following:
	15. MAIDEN NAME BESSTE MULLIN 16. BIRTHPLACE (city or town) WEST VIRGINIA	Accident, suicide, or homicide? Data of injury 19
LY III	Stata or country)	Where did injury occur?
ALNLY, d be can DEATH	17. INFORMANT MEMORIAL HOSPITAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) CUMBERLAN D. MD.	
CE PI shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE	Place Lovest Them. Date for 2.6, 19.3.9	Nature of injury
-WRIT mation CAUSE TION i	19. UNDERTAKE COME STEP Some	24. Was disease or injury in any way related to occupation of deceased?
L'es I	(Address) & bulland mo	If so, specify 1
7 C	To suspend the service of the servic	(Signed) Cufple M.D.
- 1 z)	20. FILED Stine 26, 1997 J. Tranklin M. S. Registrar.	(Address) the feel and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DR. ENFIELD

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 7 1931			
Other contributory causes of importance:	W1 1000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

GRACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH
County Allegans		Registration Dist. No. 4
Village or City lesson	stand (IF	No. Aligary Architel St., 4-/ Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of	occurredyrs,mos	ds. How long in U. S. It of foreign blrth?yrsmosds.
2. FULL NAME Wathers	ne Ihrm	If U. S. Veteran, specify WAR
(a) Residence: No. 116 Val	len	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Jimsle White "	R DIVORCED (write the word)	Me 25 , 193 7 (Month) (Dey) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	homas.	22. A HEREBY CERTIFY, Thet I ettended deceesed from
. DATE OF BIRTH (month, dey, end year)	, 3 1866	liest saw help elive on June 20 19 37; deeth is said
AGE Years Months	Oays if LESS than	to have occurred on the date stated above, et 11.2-2-m.
71 -	2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	nsmile	arterio Schrain
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	0	
10 Dete deceesed lest worked at this occupation (month and yeer)	11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Part 12. Vi	Other Contributory Causes of Importence:
13. NAME - Stein	Manage.	13mm
13. NAME 14. BIRTHPLACE (city or town) (State or country)	mm)	Neme of operation Dete of What test confirmed diagnosis? Change Westhere en eutopsy?
	6	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	non	Accident, suicide, or homicide?0ete of injury
17. INFORMANT & Lyde Gratone (Address) 12991 77th & & Washington D.C.		Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	ate Ime 28 , 1937	Manner of Injury
19. UNOERTAKER Roma Stem 9.	ne.	24. Wes diseese or injury in eny wey releted to occupation of deceased?
20. FILEO June 25, 1903 7 J. P.	tranklis Mh	(Signed) PC Bower M. (Address) Combuland Ind.

V. S. No. 1

Exact statement of OCCU

PHYSICIANS should

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of i

ARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

pe

is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

ż

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 7 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			• = 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage V. 8.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

1. PLACE OF DEATH	(J31)
County allegany	Registration Dist. No. 4
Village or City Ceneasage touse	NoSt.,Ward
Length of residence in city or town where death occurred 25 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME agree Byers I how	enfrance It U. S. Veteran, specify WAR
(a) Residence: No. Jeregsantsun	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIO OWED OR DIVORCED (write the word widowed)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE-of Mu. Thompson	22. HEREBY CERTIFY, That I attended deceased from 1929 to 1937
6. DATE OF BIRTH (month, day, and year) April 29 1873 7. AGE Years Months Oays If LESS tha	I lest saw alive on 15 , 1937; death is said
63 / 29 1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	elimine Mujocordites.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation 13. Total time (years)	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Shankaning (State or country)	Afficilens con
13. NAME Obilliano Buerol	
14. BIRTHPLACE (city or town) Scallings	Neme of operation Oate of Oate of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Okilson	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margaret Oriland 16. BIRTHPLACE (city or town) (State or country) Scotland	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
17. INFORMANT MAYELLEW MG HENRY	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Allegany Cemerate July 1, 190	Manner of injury
19. UNOERTAKER Mefoicelellares (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO July 2, 1937 Q. P. Franklin, M.	(Signed) W.D.

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Cerebral hemorrhage BUREAU V. S.	July5,1927	Peritonilis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	6268
County Allegany Country	Registration Dist. No.
Village or City Brostoma, Maryland	- No. 103 Ormand St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Jeson Chomp	LOWIS U.S. Veteran specify WAR.
(a) Residence: No. U/O 3 O U mand (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massied	21. DATE OF DEATH (Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Bellie Johns.	///ar 20, 1937, 10 June 17, 193.
6. DATE OF BIRTH (month, day, and year) July 13, 1886	I last saw handlive on 1991 16, 1937; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 350 A.
50 11 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Representation of the second o	Other Contributory Canses of Importance:
(State or country) Manyland.	
13. NAME James Joseph Champson 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Clinabette ann My, Caughan	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
2 (Stete or country) 17. INFORMANT Mass. Nelley Champson (Address) Company of the Champson	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
IS. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Michael Cente Date June, 19, 19 37	Nature of injury.
19. UNDERTAKER Jacob Chafer Maryland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. June 18, 1937 Manke	(Signed) (Address) Front Cupy md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		JUL 2 100	
		2001	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	6270
1. PLACE OF DEATH	48	
County Allegany	Registration Dist. No.	
Village or City dittle Osleaux (IF	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Dena Levigg		
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	State
	MEDICAL CERTIFICATE OF DEATH	
T While Of Barrier (write the word)	21. DATE OF DEATH (Month) (0ay)	, 193. 7. (Year)
5a. If married, widowed, or divorted HUSBAND of (or) WIFE of Nacles Twegg	22. I HEREBY CERTIFY, Thet I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Do not know	I last saw here alive on fame 2 1, 1937.	; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at	
8 Trade profession or particular 0 /	were as follows:	Oate of onset
SAWYER, BOOKKEEPER, etc Jousewy - 9 Industry or business in which	Carcinoma Juterus	danst
work was done, as SILK MILL, Con Lone	J	Russ
11. Total time (years) leef this occupation (manth and year) occupation occupation		
	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) WEst Virginia (State or country)	Nemonrage	
13. NAME — Henderson		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an a	
	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
17. INFORMANT Lawrence Horne (Address)	(Specify city or town, county and State Specify whether injury occurred in INOUSIRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Rettle Orleans Oate Same 25, 1937	Manner of injury	**
19. UNOERTAKER William Parks (Address) Paw Paw 10.00	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO June 24, 19 37 T. T. Mann (Peo) ME Ma	(Signed) 4 G. Walson (Address) Attlle Orleans	mp.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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		JUI OF BD	
Other contributory causes of importance:		Other contributor, 3 uses of importance:	
Gallstones	May 1,1923	Gastroenteritif 7	1 year
		3.	
		The state of the s	

state UPA	1. PLACE OF DEATH	
item of i should of OCCU	Village or City Currenter Sund	Registration Dist. No. 4 ND. 417 Jusette St., 1-3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
PHYSICIANS of statement	2. FULL NAME Phargasch Wilson	ds. How long In U. S. if of foreign birth?yrsmosds. If U. S. Veteran, specify WAR
YSI sta	(a) Residence: No. 41 / Fayelli (Usual place of abode)	St., Ward. If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- F.J.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
DIIN AN Ssife	(or) WIFE of Wieman	22. 3/14EREBY CERTIFY, That I attended deceased from 193), to 6/5, 193)
FOR BINI IS A PERM stated EX. properly cla	6. DATE OF BIRTH (month, dey, and year) 227/862 7. AGE Years Months Deys If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
K-THIS hould be may be back of	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPPR, etc	Vassa loud wells
DIN So uctic	this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
Sul sul	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operetion Date of Whet test confirmed diegnosis? Was there an autopsy?
Arr.LY, WIT Id be carefully DEATH in plai y important. S	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
E PLA should S OF D	17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Place 1. 1937	Menner of Injury
B WR matic	19. UNDERTAKER Jaris Stein Inc. (Address) Cumberlend mid.	24. Was disease or injury in eny wey related to occupation of deceased? If so, specify (Signed) M. I
8	20. FILED June 7, 193 dh J. Franklin	(Address)

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